South Dakota Arts Council 711 E. Wells Ave., Pierre, SD 57501 (605) 773-3301 or 1-800-952-3625 Website: www.artscouncil.sd.gov

Artists In Schools & Communities Artist Application

Applicant Name (Please type or print)							
Address	City/State/Zip	Daytime Phone					
Evening or Message Phone	E-mail Address	Website					
Grant Application Codes Applicant Status	Check all that appl Preferred grade lev Preferred length of	ble for residencies:					

Describe personal goals and objectives for bringing the arts into South Dakota schools/communities.

AGREEMENT: I certify that the application information is true and complete to the best of my knowledge. It is agreed that the undersigned is authorized to abide by the relevant Terms, Conditions and Guidelines as printed in the SDAC *Guide To Grants*. In addition, the undersigned gives SDAC permission to duplicate submitted documentation for use in the grant review process. Artist certifies that work samples (other than digital art or graphics) submitted as digital images have not been digitally or otherwise altered from the original work.

ARTISTIC DOCUMENTATION FORM

Support Materials: Artistic documentation of the artist's work is necessary for the panel to evaluate the application. List below the materials you have included in support of your application. For slides or digital images, list the number, title, medium, date of completion, and actual size of the work. Send no more than 10 slides or digital images. <u>Do NOT send original artwork.</u> Identify audio tapes, video tapes, DVDs, and CDs as to type, discipline, title, and date of completion of recorded work. For literary manuscripts, list the title of the work, the genre, year the work was completed, and the publication date (if applicable). **See Artistic Documentation for a complete description of individual discipline requirements.**

Applicant N	lame:	Discipline:					
SLIDES / DIGITAL IMAGES							
Number	Title	Size*	Medium		Date of Completion		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
rieight (to	p to bottom), within (left to right); Depth (front to	DEO TAPES, CDs, DVDs				
Title of	Recording	Type (audio, vid	eo, CD, DVD)	Discipline	Date Recorded		
1							
2							
3							
Number and	l label each recording	with the title you have listed	on the application form.				
		MANI	JSCRIPTS				
Title of	Work	Genre	Date Completed	Date Pu	blished (if applicable)		
1							
2							
3							
A mailer wit	h postage for the retu	rn of artistic documentation	is enclosed.	☐ No			

ARTISTS IN SCHOOLS & COMMUNITIES GRANT CHECKLIST

HOW TO PACKAGE YOUR APPLICATION FOR SUBMISSION

Send one copy of the application form and attachments. Pages must be single-sided, 8 1/2" x 11"; oversized materials and newspaper clippings must be photocopied or laid out to fit this format. Applications must be postmarked or hand-delivered by the deadline. Retain a copy for your records.

Illustrated below is the order in which application, attachments, and supplementary materials must be assembled. To have documentation returned, you must enclose a self-addressed mailing package with adequate postage.

Checklist of Materials

- ☐ 1. Application Form
- ☐ 2. Current Resume
- ☐ 3. References and optional letters of support
- ☐ 4. Residency Outline(s)
- ☐ 5. Artistic Documentation Form
- ☐ 6. digital image
- ☐ 7. Actual Artistic Documentation
- 8. Self-addressed mailer with adequate postage to have documentation returned

Order of Assembly for Mailing

